FEE TRANSMITTAL FY 2006

Complete if Known							
Application Serial No.	10/633,629						
Filing Date	August 5, 2004						
First Named Inventor	Ayoub RASHTCHIAN						
Group No.	1633						
Examiner Name	Ileana Popa	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Confirmation No.	6375						

Confirmation				n No.	1 No. 6375			
METHOD OF PAYMENT				FEE CALCULATION (continued)				
Payment l	Enclosed:				4. ADD	ITIONAL F	TEES	
☐ Check ☐ Money Order ☒ Other					Large Entity	Small Entity		
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840				Fee(\$)	Fee (\$)	Fee Description F	ee Paid	
Required Fees (copy of this sheet enclosed).					130	65	Surcharge - late filing fee or oath	
Additional fee required under 37 CFR 1.16 and 1.17.					50	25	Surcharge - late provisional filing fee or cover sheet	
Overpayment Credit.					130	130	Non-English specification	
Applicant claims small entity status.				2,520	2,520	Request for cx parte re-examination		
FEE CALCULATION				120	60	Extension for reply within 1st mo.		
. BASIC FILIN		i		FEES	450	225	Extension for reply within 2 nd mo.	
Application Fype	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 rd mo.	
Utility	300	500	200		1.590	795	Extension for reply within 4 th mo.	
Design	200	100	130		2,160	1,080	Extension for reply within 5 th mo.	
Plant	200	300	160		500	250	Notice of Appeal	
Reissue	300	500	600		500	250	Filing a brief in support of an appeal	
Provisional	200	0 Small Entit	Discount	1	1,000	500 0	Request for oral hearing Petitions to the Director	
			. TOTAL	1	180	180		\$180.00
2. EXCESS CL	AIM FEES		Fee	Small Entity Fee (\$)	790	395	Filing a submission after final	Ψ100.00
	n over 20 or, for l			25			rejection (37 CFR 1.129(a))	
				790	395	For each additional invention to be		
each independent claim over 3 or, for Reissues, 200 100 each independent claim more than in the original				100	100	examined (37 CFR 1.129(b))		
patent.					100	100	Certificate of Correction for applicant's error	
Total Claims		Extra Claim	S	Fee Paid (\$)	130	65	Submission of Terminal Disclaimer	
HP = highest number o	- 20 or HP=	id for it amon	x \$=		Others	- (Ci6-)	Province Confirmed Francisco	#20 <i>5</i> 00
Indep. Claims	n total claims par	Extra Claim:		Fee Paid (\$)	Other ie	e (Specify)	Request for Continued Examination	\$395.00
-3 or HP= 3 x \$ =				Other fee (Specify)				
HP = highest number of	of total clains pai	id for, if great	er than 3			(4. TOTAL:	\$395.0
Multiple Dependen Claims	t Fee(\$)) Sma 18	Il Entity fee (\$)	Fee Paid (\$)				
			2. TOTAL:				TOTAL AMOUNT SUB	MITTEI
3. APPLICATION SIZE FEE				(\$575.00)				
		-					SIGNATURE BLOCK	
If the specification fee due is \$250 (\$12	25 for small en	tity) for cac	h additional sheet	s or fraction			Respectfully submitted,	
there of. See 35 U.							(DE)	
Fotal E Sheets	xtra Sheets	Additional thereof	50 or fraction	Fee (\$) Fee Paid		ary 31, 200		_
-100= 0	/50=	round whole	•	= 0.00	Reg. No.:	40,244 (202) 416-0	Paul M. Booth Attorney for the Applicant(s)	
-100= 0 /50= whole number x = 0.00 3. TOTAL:				(202) 416-((202) 416-(
	CORRESPO	NDENCE					1001 Pennsylvania Ave., N.W	V., #400
Direct all correspon							Washington, D.C. 20004	,
	PATEN	T ADMINIS er Rose LLI					, , , , , , , , , , , , , , , , , , ,	
	Washing	nnsylvania . gton, D.C. 2 : (202) 416-		ite 400				
		: (202) 416- MER NO: (